

## **South Dakota Board of Examiners for Counselors and Marriage & Family Therapists**

### **Procedure for Complaints against SD Counselors/Therapists**

The exchange of information and procedures are strictly confidential.

Upon Board office receipt of the completed Complaint Form (see next page), a copy is sent to the licensee. The licensee has 10 days to respond to your allegations and concerns in writing to the Board office. A copy of that response is then sent to you and you have 10 days to counter-respond in writing to the Board office. That final response will be provided to the licensee only as informational.

All the information will be forwarded to a Board member for review and investigation (if necessary). The Board member will bring their recommendation to the next Board meeting. If the concerns appear to be ethical violations, the Board may have an informal meeting with the licensee. All complaint proceedings are held in Executive Session. No information can be disclosed to the complainant at any time during the process. Be informed, although the Board is proceeding as quickly as possible, this is generally a lengthy process.

It is possible that the matter may proceed to a formal hearing before the Board, at which time your sworn testimony will be required. You will be notified in writing if and when this is necessary.

Licensed Professional Counselors (LPC) and Licensed Professional Counselors-Mental Health (LPC-MH) counselors must abide by the American Counseling Association (ACA) Code of Ethics. A copy of the Code may be obtained by calling ACA at 1-800-422-2648 or at [www.counseling.org](http://www.counseling.org).

Licensed Marriage and Family Therapists (LMFT) must abide by the American Association of Marriage and Family Therapists Code of Ethics. A copy of the Code may be obtained by calling 1-202-452-0109 or at [www.aamft.org](http://www.aamft.org).

**South Dakota Board of Examiners for Counselors and Marriage  
& Family Therapists  
PO Box 2164  
Sioux Falls, SD 57101-2164  
(605) 331-2927**

**COMPLAINT FORM**

**PARTY AGAINST WHOM COMPLAINT IS MADE**

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Counselor License No. \_\_\_\_\_

**PARTY MAKING THE COMPLAINT**

Print Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**NATURE OF COMPLAINT** (On a separate sheet of paper, please state clearly and specifically, all charges made against the party named above. Be it known, your complaint will be sent to the counselor named above for his/her response.)

Will you, as the Complainant, willingly testify if a hearing should be called by the SD Board of Counselor Examiners for the purpose of pressing charges arising from this complaint? \_\_\_\_\_  
(Yes or No)

*I hereby certify that the above stated charges are true and correct to the best of my knowledge. Further, I waive any requirements of confidentiality, and authorize disclosure of information as the Board or its staff deem necessary to investigate or pursue this complaint.*

Signed \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose signature appears above, and made oath and says that he/she is the identical person making this complaint and that all the foregoing statements are true and correct.

My commission expires \_\_\_\_\_  
(seal)

\_\_\_\_\_  
Notary Public Signature